

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014912

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No.

Registrar's No. 655

FILED APR 30 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN N. Campbell twship.Length of stay in lb
wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Greene

c. CITY
OR
TOWN SpringfieldInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Sunshine Acres RestInside Limits
Yes ☐ No ☒d. STREET
ADDRESS (If outside, give location)
416 S. ParkReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Ralph

Allen

Sheridan

4. DATE
OF
DEATH

Month

Day

Year

April

22,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

2-2-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Gardener

10b. KIND OF BUSINESS OR INDUSTRY

Yards

11. BIRTHPLACE (City and state or country)

Unknown

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Bert D. Sheridan

13b. MOTHER'S MAIDEN NAME

Mary Jane Smith

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, go, or unknown) (If yes, give war or dates of serv)

No

17. INFORMANT

Address

Lloyd Sheridan, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar. 1962 to Apr. 22, 1962 and last saw him alive on Apr. 18, 1962
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Rex Rainey, Springfield, Mo.

4-27-62

Eddie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300~
Rev. 4/59

1 0390

2 03972

3

4 C

5 3

6

7 9

8 C

9 1992

10

11

1286-0

13

Plenat 2nd 4-24-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3312

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.